

**SCHEDULE A**  
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).**2005**Attachment  
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

RHIM KAZEMI AND FARZANEH AMINI

321-60-8972

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
		a <input checked="" type="checkbox"/> Income taxes, or	5	4,391.	
		b <input type="checkbox"/> General sales taxes (see instructions)			
6	Real estate taxes (see instructions)	6		4,162.	
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			8,553.
<b>Interest You Paid</b>		<b>10 Home mtg interest and points reported to you on Form 1098</b>		10	16,510.
		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶</b>			
<b>Note.</b> Personal interest is not deductible.		<b>12 Points not reported to you on Form 1098. See instrs for spl rules</b>		12	
		<b>13 Investment interest. Attach Form 4952 if required. (See instrs.)</b>		13	
		<b>14 Add lines 10 through 13</b>		14	16,510.
<b>Gifts to Charity</b>		<b>15a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs.</b>		15a	
		<b>b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions)</b>		15b	
		<b>16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.</b>		16	
		<b>17 Carryover from prior year</b>		17	
		<b>18 Add lines 15a, 16, &amp; 17</b>		18	0.
<b>Casualty and Theft Losses</b>		<b>19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		19	0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶</b>		20	
		<b>21 Tax preparation fees</b>		21	
		<b>22 Other expenses — investment, safe deposit box, etc. List type and amount ▶</b>		22	
		<b>23 Add lines 20 through 22</b>		23	
		<b>24 Enter amount from Form 1040, line 38</b>		24	
		<b>25 Multiply line 24 by 2% (.02)</b>		25	
		<b>26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-</b>		26	0.
<b>Other Miscellaneous Deductions</b>		<b>27 Other — from list in the instructions. List type and amount ▶</b>		27	0.
<b>Total Itemized Deductions</b>		<b>28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?</b>			
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		28	25,063.
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.			
<b>29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶</b>					

**SCHEDULE C**  
(Form 1040)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2005**Attachment  
Sequence No. **09**Department of the Treasury  
Internal Revenue Service (99)► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

**RHIM KAZEMI**

Social security number (SSN)

**321-60-8972****A** Principal business or profession, including product or service (see instructions)**PSYCHOLOGIST****B** Enter code from instructions► **621330****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ► **161 WEST 25TH AVE. SUITE 203A**  
City, town or post office, state, and ZIP code **SAN MATEO, CA. 94403****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you 'materially participate' in the operation of this business during 2005? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No**H** If you started or acquired this business during 2005, check here. ☐**Part I** **Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. <input type="checkbox"/>	<b>1</b>	<b>8,651.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1.	<b>3</b>	<b>8,651.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2).	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3.	<b>5</b>	<b>8,651.</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6.	<b>7</b>	<b>8,651.</b>

**Part II** **Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	<b>2,165.</b>	<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>2,209.</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	<b>5,515.</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>378.</b>	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>652.</b>	<b>23</b> Taxes and licenses	<b>23</b>	<b>182.</b>
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment	<b>24b</b>	
<b>17</b> Legal & professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns.	<b>28</b>	<b>12,535.</b>	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7.	<b>29</b>	<b>-3,884.</b>	<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	<b>1,434.</b>
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b> .	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	<b>-3,884.</b>			

- If a profit, enter on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

Schedule C (Form 1040) 2005 RHIM KAZEMI

321-60-8972

Page 2

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use.	36
37	Cost of labor. Do not include any amounts paid to yourself.	37
38	Materials and supplies.	38
39	Other costs.	39
40	Add lines 35 through 39.	40
41	Inventory at end of year.	41
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	42

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/01/05

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:  
a Business 5,080 b Commuting \_\_\_\_\_ c Other 8,104

45 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If 'Yes,' is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

Professional Development	762.
Telephone	672.
48 Total other expenses. Enter here and on page 1, line 27.	48 1,434.

Schedule C (Form 1040) 2005

Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

- Do not send to the IRS. This is not a tax return.  
► Keep this form for your records. See instructions.

OMB No. 1545-0074

**2005**

Declaration Control Number (DCN)

► 00-774771-06228-6

Taxpayer's name

RHIM KAZEMI

Social security number

321-60-8972

Spouse's name

FARZANEH AMINI

Spouse's social security number

052-62-7031

**Part I Tax Return Information – Tax Year Ending December 31, 2005 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	53,352.
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	2,471.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	9,474.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	7,003.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- ☒ I authorize Hancock Financial to enter my PIN 94070 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2005 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 3/11/2006

**Spouse's PIN: check one box only**

- ☒ I authorize Hancock Financial to enter my PIN 94071 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2005 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ► 3/11/2006

**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 77477195120  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► 3/11/2006

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



For Privacy Act Notice, get form FTB 1131.

CAIA3912L

01/06/06

**California Resident  
Income Tax Return 2005****540** C1 Side 1

APE

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

P

321-60-8972 KAZE 052-62-7031 05 PBA 621330

RHIM KAZEMI

FARZANEH AMINI

AC

A

R

RP

260 VICENTE ST

SAN FRANCISCO CA 94127

## FOR COMPUTERIZED USE ONLY

01	2	36	0	54	0	APE	0
06	0	37	272	55	0	3800	0
09	0	38	2976	56	0	3803	0
10	0	39	0	57	0	SCHG1	0
12	62795	40	0	58	0	5870A	0
14	377	41	0	59	0	5805 5805F	0
16	0	42	0	60	0	TPID329687574	
17	52975	43	0	63	0	FN	
18	20672	44	0	64	0	PDECD	
20	566	45	0	65	0	SDECD	
23	0	47	2704	66	0		
28	0	48	0	67	0		
29	0	49	2704	68	0		
30	0	50	0	69	2704		
31	120	51	0	70	0		121122676
34	0	52	0	72	0		153453903814
35	0	53	0				1

<b>Filing Status</b>	1	Single
	2	<input checked="" type="checkbox"/> Married filing jointly (even if only one spouse had income).
Check only one.	3	Married filing separately. Enter spouse's SSN above and full name here.
	4	Head of household (with qualifying person). STOP. See instructions.
	5	Qualifying widow(er) with dependent child. Enter year spouse died.
<b>Exemptions</b>	6	If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here.
Enclose, but do not staple, any payment.	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.
	8	Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2.
	9	Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2.
<b>Dependent Exemptions</b>	10	Dependents: Enter name and relationship. Do not include yourself or your spouse.
	10	Total dependent exemptions x \$272 = \$
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 21.
<b>Taxable Income</b>	12	State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line C.
	13	Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4.
	14	California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B.
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C.
	17	California adjusted gross income. Combine line 15 and line 16.
	18	Enter the larger of your California standard deduction OR your California itemized deductions.
	19	Subtract line 18 from line 17. This is your taxable income.
<b>Tax</b>	20	Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803.
Do not attach any withholding forms here. See Schedule W-2 CG, Wage and Withholding Summary.	21	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$143,839, see instrs.
	22	Subtract line 21 from line 20. If less than zero, enter -0-.
	23	Tax. See instructions. Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A.
	24	Add line 22 and line 23. Continue to Side 2.

54005106051

Your Name: **RHIM KAZEMI**Your SSN or ITIN: **321-60-8972**

<b>Special Credits and Nonrefundable Renter's Credit</b>	25	Amount from Side 1, line 24	25	392.
	28	Enter credit name _____ code no. _____ & amount	28	
	29	Enter credit name _____ code no. _____ & amount	29	
	30	To claim more than two credits, see instructions	30	
	31	Nonrefundable renter's credit. See instructions	31	120.
	32	Add line 28 through line 31. These are your total credits	32	120.
	33	Subtract line 32 from line 25. If less than zero, enter -0-	33	272.
<b>Other Taxes</b>	34	Alternative minimum tax. Attach Schedule P (540)	34	
	35	Mental Health Services Tax. See instructions	35	
	36	Other taxes and credit recapture. See instructions	36	
	37	Add line 33 through line 36. This is your total tax	37	272.
<b>Payments</b>	38	California income tax withheld. See instructions	38	2,976.
	39	2005 California estimated tax and other payments. See instructions	39	
	40	Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions	40	
	41	Excess SDI. To see if you qualify, see instructions	41	0.
	42	<b>Child and Dependent Care Expenses Credit.</b> See instructions, attach form FTB 3506.	42	
	43		43	
	44		44	
	45		45	
	46	Add line 38, line 39, line 40, line 41, and line 45. See instructions	46	2,976.
<b>Overpaid Tax/ Tax Due</b>	47	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	47	2,704.
	48	Amount of line 47 you want applied to your 2006 estimated tax	48	
	49	Overpaid tax available this year. Subtract line 48 from line 47	49	2,704.
	50	Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions	50	
<b>Use Tax</b>	51	Use Tax. This is not a total line. See instructions	51	00
<b>Contributions</b>	52	CA Seniors Special Fund. See instructions	52	
	53	Alzheimer's Disease/Related Disorders Fund	53	
	54	CA Fund for Senior Citizens	54	
	55	Rare and Endangered Species Preservation Program	55	
	56	State Children's Trust Fund for the Prevention of Child Abuse	56	
	57	CA Breast Cancer Research Fund	57	
	58	CA Firefighters' Memorial Fund	58	
	59	Emergency Food Assistance Program Fund	59	
	60	CA Peace Officer Memorial Foundation Fund	60	
	61	CA Military Family Relief Fund	61	
	62	CA Prostate Cancer Research Fund	62	
	63	Veterans' Quality of Life Fund	63	
	64	CA Sexual Violence Victim Services Fund	64	
	65	CA Colorectal Cancer Prev Fund	65	
	66		66	
	67		67	
	68	Add line 52 through line 67. These are your total contributions	68	
<b>Refund or Amount You Owe</b>	69	<b>REFUND OR NO AMOUNT DUE.</b> See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	69	2,704.
	70	<b>AMOUNT YOU OWE.</b> See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009	70	
<b>Interest and Penalties</b>	71	Interest, late return penalties, and late payment penalties	71	
	72	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	72	
	73	Total amount due. See instructions. Enclose, but do not staple, any payment	73	
	74		74	4

**Direct Deposit (Refund Only)**

Do not attach a voided check or a deposit slip. See instructions. Complete this section to have your refund directly deposited.

Routing number: **121122676**

Account Type:

Checking ☒Savings ☐Account number: **153453903014****IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional)

**415 654-4500**

Date

X

X

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

**Rima P. Davejan**

Firm's name (or yours if self-employed)

Firm's address

**Hancock Financial****4606 Meridian Ave., Suite C-1****San Jose, CA 95124**

Paid Preparer's SIGNATURE

**329-60-7574**

FEIN

**Sign Here**

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

TAXABLE YEAR

**2005****California Adjustments – Residents**

SCHEDULE

**CA (540)****Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

**RHIM KAZEMI AND FARZANEH AMINI**

Social security number

**321-60-8972****Part I Income Adjustment Schedule****Section A – Income**

	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7 62,795.		
8 Taxable interest income	8 21.		
9 Ordinary dividends. See instructions (b)	(a)		
10 Taxable refunds, credits, offsets of state and local income taxes.	10		
11 Alimony received	11		
12 Business income or (loss) Depreciation (3885A)	12 -3,884.	377.	
13 Capital gain or (loss). See instructions	13		
14 Other gains or (losses)	14		
15 Total IRA distributions. See instructions (a)	(b)		
16 Total pensions and annuities. See instructions (a)	(b)		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17		
18 Farm income or (loss)	18		
19 Unemployment compensation. Enter the same amount in column A and column B	19		
20 Social security benefits (a)	(b)		
21 Other income.			
a California lottery winnings		a	
b Disaster loss carryover from FTB 3805V		b	
c Federal NOL (Form 1040, line 21)		c	
d NOL carryover from FTB 3805V		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21	e	
f Other (describe)		f	
22 <b>Total.</b> Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B.	22 58,932.	377.	

**Section B – Adjustments to Income**

23 Educator expenses.	23		
24 Certain business expenses of reservists, performing artists, and fee-basis government officials.	24		
25 Health savings account deduction.	25		
26 Moving expenses.	26		
27 One-half of self-employment tax.	27		
28 Self-employed SEP, SIMPLE, and qualified plans.	28		
29 Self-employed health insurance deduction.	29	5,580.	
30 Penalty on early withdrawal of savings.	30		
31 a Alimony paid.			
b Recipient's SSN.			
Last name	31 a		
32 IRA deduction.	32		
33 Student loan interest deduction.	33		
34 Tuition and fees deduction.	34		
35 Domestic production activities deduction.	35		
36 Add line 23 through 31a and 32 through 35 in columns A, B, and C. See instrs.	36	5,580.	
37 <b>Total.</b> Subtract line 36 from line 22, columns A, B, and C. See instructions.	37	53,352.	377.

RHIM KAZEMI

321-60-8972

**Part II Adjustments to Federal Itemized Deductions**

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	38	25,063.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance and state and local income tax, or General Sales Tax) and line 8 (foreign taxes <b>only</b> ). See instructions.	39	4,391.
40	Subtract line 39 from line 38.	40	20,672.
41	Other adjustments including California lottery losses. See instructions. Specify . . .	41	
42	Combine line 40 and line 41.	42	20,672.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married filing separately . . . . .		\$143,839
	Head of household . . . . .		\$215,762
	Married filing jointly or qualifying widow(er) . . . . .		\$287,682
No.	Transfer the amount on line 42 to line 43.		
Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.	43	20,672.
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married filing separately . . . . .		\$3,254
	Married filing jointly, head of household, or qualifying widow(er) . . . . .		\$6,508
	Transfer the amount on line 44 to Form 540, line 18.	44	20,672.



Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**▶ Do not send to the IRS. Keep this form for your records.  
▶ See instructions.

OMB No. 1545-1758

**2004**

Declaration Control Number (DCN)

▶ 00-774771-03473-5

Taxpayer's name

RHIM KAZEMI

Social security number

321-60-8972

Spouse's name

FARZANEH KAZEMI

Spouse's social security number

052-62-7031

**Part I Tax Return Information – Tax Year Ending December 31, 2004 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4)	1	38,275.
2	Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10)	2	2,641.
3	Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7)	3	5,415.
4	Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	2,774.
5	Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I acknowledge that I have read the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize Hancock Financial to enter my PIN 94127 as my signature  
ERO firm name do not enter all zeros

on my tax year 2004 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

**Spouse's PIN: check one box only**

☒ I authorize Hancock Financial to enter my PIN 94128 as my signature  
ERO firm name do not enter all zeros

on my tax year 2004 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN ..... 77477195120  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2004 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form <b>1040</b>		Department of the Treasury — Internal Revenue Service <b>U.S. Individual Income Tax Return 2004</b>		(99) IRS Use Only — Do not write or staple in this space.																																																															
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b> (See instructions.)		For the year Jan 1 - Dec 31, 2004, or other tax year beginning _____, 2004, ending _____, 20 Your first name _____ MI _____ Last name _____ <b>RHIM KAZEMI</b> If a joint return, spouse's first name _____ MI _____ Last name _____ <b>FARZANEH AMINI</b> Home address (number and street). If you have a P.O. box, see instructions. _____ Apartment no. _____ <b>260 VICENTE ST</b> City, town or post office. If you have a foreign address, see instructions. _____ State _____ ZIP code _____ <b>SAN FRANCISCO, CA 94127</b>		OMB No. 1545-0074 Your social security number <b>321-60-8972</b> Spouse's social security number <b>052-62-7031</b> <b>▲ Important! ▲</b> You must enter your social security number(s) above.																																																															
<b>Filing Status</b> Check only one box.		<b>Note:</b> Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																																																	
<b>Exemptions</b> If more than four dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a ..... b <input checked="" type="checkbox"/> Spouse ..... c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed ..... <b>2</b> Boxes checked on 6a and 6b ..... <b>2</b> No. of children on 6c who: • lived with you ..... • did not live with you due to divorce or separation (see instrs) ..... Dependents on 6c not entered above ..... Add numbers on lines above ..... <b>2</b>			(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																						
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<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....</td><td>7</td><td>43,283.</td></tr> <tr><td>8a Taxable interest. Attach Schedule B if required .....</td><td>8a</td><td> </td></tr> <tr><td>b Tax-exempt interest. Do not include on line 8a .....</td><td>8b</td><td> </td></tr> <tr><td>9a Ordinary dividends. Attach Schedule B if required .....</td><td>9a</td><td> </td></tr> <tr><td>b Qualifd divs (see instrs) .....</td><td>9b</td><td> </td></tr> <tr><td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....</td><td>10</td><td> </td></tr> <tr><td>11 Alimony received .....</td><td>11</td><td> </td></tr> <tr><td>12 Business income or (loss). Attach Schedule C or C-EZ .....</td><td>12</td><td>-5,008.</td></tr> <tr><td>13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here .....</td><td>13</td><td> </td></tr> <tr><td>14 Other gains or (losses). Attach Form 4797 .....</td><td>14</td><td> </td></tr> <tr><td>15a IRA distributions .....</td><td>15a</td><td> </td></tr> <tr><td>b Taxable amount (see instrs) .....</td><td>15b</td><td> </td></tr> <tr><td>16a Pensions and annuities .....</td><td>16a</td><td> </td></tr> <tr><td>b Taxable amount (see instrs) .....</td><td>16b</td><td> </td></tr> <tr><td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....</td><td>17</td><td> </td></tr> <tr><td>18 Farm income or (loss). Attach Schedule F .....</td><td>18</td><td> </td></tr> <tr><td>19 Unemployment compensation .....</td><td>19</td><td> </td></tr> <tr><td>20a Social security benefits .....</td><td>20a</td><td> </td></tr> <tr><td>b Taxable amount (see instrs) .....</td><td>20b</td><td> </td></tr> <tr><td>21 Other income .....</td><td>21</td><td> </td></tr> <tr><td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income .....</td><td>22</td><td>38,275.</td></tr> </table>			7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	7	43,283.	8a Taxable interest. Attach Schedule B if required .....	8a		b Tax-exempt interest. Do not include on line 8a .....	8b		9a Ordinary dividends. Attach Schedule B if required .....	9a		b Qualifd divs (see instrs) .....	9b		10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....	10		11 Alimony received .....	11		12 Business income or (loss). Attach Schedule C or C-EZ .....	12	-5,008.	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here .....	13		14 Other gains or (losses). Attach Form 4797 .....	14		15a IRA distributions .....	15a		b Taxable amount (see instrs) .....	15b		16a Pensions and annuities .....	16a		b Taxable amount (see instrs) .....	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	17		18 Farm income or (loss). Attach Schedule F .....	18		19 Unemployment compensation .....	19		20a Social security benefits .....	20a		b Taxable amount (see instrs) .....	20b		21 Other income .....	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income .....	22	38,275.
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Form 1040 (2004) RHIM AND FARZANEH KAZEMI

321-60-8972 Page 2

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income).....	37	38,275.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked ▶ 38a		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here. ▶ 38b <input type="checkbox"/>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin).....	39	9,700.
40	Subtract line 39 from line 37.....	40	28,575.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions.....	41	6,200.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-.....	42	22,375.
43	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.....	43	2,641.
44	Alternative minimum tax (see instructions). Attach Form 6251.....	44	0.
45	Add lines 43 and 44.....	45	2,641.
46	Foreign tax credit. Attach Form 1116 if required.....	46	
47	Credit for child and dependent care expenses. Attach Form 2441.....	47	
48	Credit for the elderly or the disabled. Attach Schedule R.....	48	
49	Education credits. Attach Form 8863.....	49	
50	Retirement savings contributions credit. Attach Form 8880.....	50	
51	Child tax credit (see instructions).....	51	
52	Adoption credit. Attach Form 8839.....	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859.....	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify.....	54	
55	Add lines 46 through 54. These are your total credits.....	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-.....	56	2,641.
57	Self-employment tax. Attach Schedule SE.....	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.....	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.....	59	
60	Advance earned income credit payments from Form(s) W-2.....	60	
61	Household employment taxes. Attach Schedule H.....	61	
62	Add lines 56-61. This is your total tax.....	62	2,641.
63	Federal income tax withheld from Forms W-2 and 1099.....	63	5,415.
64	2004 estimated tax payments and amount applied from 2003 return.....	64	
65a	Earned income credit (EIC).....	65a	
b	Nontaxable combat pay election..... ▶ 65b		
66	Excess social security and tier 1 RRTA tax withheld (see instructions).....	66	
67	Additional child tax credit. Attach Form 8812.....	67	
68	Amount paid with request for extension to file (see instructions).....	68	
69	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885.....	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments.....	70	5,415.
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid.....	71	2,774.
72a	Amount of line 71 you want refunded to you.....	72a	2,774.
b	Routing number..... XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number..... XXXXXXXXXXXXXXXXXXXXXXXXXX		
73	Amount of line 71 you want applied to your 2005 estimated tax.....	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions.....	74	
75	Estimated tax penalty (see instructions).....	75	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?..... ☒ Yes. Complete the following. ☐ No

**Sign Here**

Joint return? See instructions. ▶

Keep a copy for your records. ▶

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

MANAGER

415 654-4500

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

PSYCHOLOGIST

Preparer's signature ▶ Rima P. Davejan

Date

Check if self-employed ☐

Preparer's SSN or PTIN

329-68-7574

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed) address, and ZIP code  
Hancock Financial  
4606 Meridian Ave., Suite C-1  
San Jose, CA 95124

EIN

Phone no. (408) 267-8202



Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)▶ See separate instructions.  
▶ Attach to your tax return.

OMB No. 1545-0172

**2004****67**

Name(s) shown on return

**RHIM AND FARZANEH KAZEMI**

Identifying number

**321-60-8972**

Business or activity to which this form relates

**Schedule C - RHIM KAZEMI****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses.	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property. Enter the amount from line 29.	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8		
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.	9		
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562.	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.).	11		
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12		
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12.	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	994.
15	Property subject to section 168(f)(1) election (see instructions).	15	
16	Other depreciation (including ACRS) (see instructions).	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004.	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		994.	5	MO	200DB	50.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	1,044.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

AA For Paperwork Reduction Act Notice, see separate instructions.



For Privacy Act Notice, get form FTB 1131.

CAIA3912L

02/16/05

**California Resident  
Income Tax Return 2004****540** C1 Side 1

APE

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

P

321-60-8972 KAZE 052-62-7031 04 PBA 621330  
 RHIM KAZEMI  
 FARZANEH AMINI

AC

A

R

RP

260 VICENTE ST  
 SAN FRANCISCO CA 94127

## FOR COMPUTERIZED USE ONLY

01	2	37	320	55	0	APE	0
06	0	38	1575	56	0	3800	0
09	0	39	0	57	0	3803	0
10	0	40	0	58	0	SCHG1	0
12	43283	41	0	59	0	5870A	0
14	0	42	0	60	0	5805 5805F	0
16	945	43	0	61	0	329687574	
17	39220	44	0	62	0	FN	
18	6330	45	0	63	0		
20	610	47	1255	64	0		
23	0	48	0	65	0		
28	0	49	1255	66	1255		
29	0	50	0	67	0		
30	0	51	0	69	0		
31	120	52	0				
35	0	53	0				
36	0	54	0				

**Step 2****Filing Status**

Check only one.

- 1 ☐ Single  
 2 ☒ Married filing jointly (even if only one spouse had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.  
 4 ☐ Head of household (with qualifying person). STOP. See instructions. 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died.

**Step 3****Exemptions**

Enclose, but do not staple, any payment.

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here. • 6 ☐  
 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 x \$85 = \$ 170.  
 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2. 8 ☐ x \$85 = \$  
 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2. • 9 ☐ x \$85 = \$  
 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

**Dependent Exemptions**

- Total dependent exemptions. • 10 ☐ x \$265 = \$  
 11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. 11 \$ 170.

**Step 4****Taxable Income**

Do not attach any withholding forms here. Use Schedule W, California W-2 Attachment.

- 12 State wages from your Form(s) W-2, box 16. • 12 43,283.  
 13 Enter adjusted gross income from your 2004 federal return. 13 38,275.  
 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 36, column B. • 14  
 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. 15 38,275.  
 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 36, column C. • 16 945.  
 17 California adjusted gross income. Combine line 15 and line 16. • 17 39,220.  
 18 Enter the larger of your California standard deduction OR your California itemized deductions. • 18 6,330.  
 19 Subtract line 18 from line 17. This is your taxable income. 19 32,890.  
 If less than zero, enter -0-

**Step 5****Tax**

- 20 Tax. Check if from: ☒ Tax Table ☐ FTB 3800 or ☐ FTB 3803. • 20 610.  
 21 Exemption credits. If line 13 is over \$139,921 see instructions. Otherwise, enter amount from line 11. 21 170.  
 22 Subtract line 21 from line 20. If less than zero, enter -0-. 22 440.  
 23 Other Taxes. Check if from: ☐ Schedule G-1 and ☐ form FTB 5870A. • 23  
 24 Add line 22 and line 23. Continue to Side 2. 24 440.

54004106051

Your Name: **RHIM KAZEMI**Your SSN or ITIN: **321-60-8972****Step 6** 25 Amount from Side 1, line 24. 25 440.

Special Credits and Nonrefundable Renter's Credit 28 Enter credit name code no. &amp; amount ▶ 28

29 Enter credit name code no. &amp; amount ▶ 29

30 To claim more than two credits, see instructions. ● 30

31 Nonrefundable renter's credit. See instructions for 'Step 6'. ● 31 120.

33 Add line 28 through line 31. These are your total credits. 33 120.

34 Subtract line 33 from line 25.

If less than zero, enter -0- 34 320.

**Step 7** 35 Alternative minimum tax. Attach Schedule P (540). ● 35

Other Taxes 36 Other taxes and credit recapture. See instructions. ● 36

37 Add line 34 through line 36. This is your total tax. ● 37 320.

**Step 8** 38 California income tax withheld. See instructions. ■ 38 1,575.

Payments 39 2004 California estimated tax and other payments. See instructions. ■ 39

40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions. ■ 40

41 Excess SDI. To see if you qualify, see instructions. ■ 41 0.

Child and Dependent Care Expenses Credit. See instructions, attach form FTB 3506.

● 42 ● 43

■ 44 ■ 45

46 Add line 38, line 39, line 40, line 41, and line 45.

These are your total payments 46 1,575.

**Step 9** 47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46. 47 1,255.

Overpaid Tax/ 48 Amount of line 47 you want applied to your 2005 estimated tax. ■ 48

Tax Due 49 Overpaid tax available this year. Subtract line 48 from line 47. ■ 49 1,255.

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions. 50

**Step 9a**

Use Tax 51 Use Tax. This is not a total line. See instructions. ● 51 00

**Step 10**

Contributions CA Seniors Special Fund. See instructions. ● 52

Alzheimer's Disease/Related Disorders Fund. ● 53

CA Fund for Senior Citizens. ● 54

Rare and Endangered Species Preservation Program. ● 55

State Children's Trust Fund for the Prevention of Child Abuse. ● 56

CA Breast Cancer Research Fund. ● 57

CA Firefighters' Memorial Fund. ● 58

Emergency Food Assistance Program Fund. ● 59

CA Peace Officer Memorial Foundation Fund. ● 60

Asthma and Lung Disease Research Fund. ● 61

CA Missions Foundation Fund. ● 62

CA Military Family Relief Fund. ● 63

CA Prostate Cancer Research Fund. ● 64

65 Add line 52 through line 64. These are your total contributions. ● 65

**Step 11** 66 REFUND OR NO AMOUNT DUE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009. ■ 66 1,255.

67 AMOUNT YOU OWE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009. ■ 67

**Step 12** 68 Interest, late return penalties, and late payment penalties. 68Interest and Penalties 69 Underpayment of estimated tax. Check box: ☐ FTB 5805 attached ☐ FTB 5805F attached. ■ 69

70 Total amount due. See instructions. Enclose, but do not staple, any payment. 70

● 71 4

**Step 13** Do not attach a voided check or a deposit slip. See instructions

Complete this section to have your refund directly deposited. Routing number. ●

Direct Deposit (Refund Only) Account Type: Checking ● ☐ Savings ● ☐ Account number. ●**Sign Here**

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 6

Your signature Spouse's signature (if filing jointly, both must sign) Daytime phone number (optional)

X X 415 654-4500

Date

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Rima P. Davejan

Firm's name (or yours if self-employed) Firm's address Paid Preparer's SSN/PTIN

Hancock Financial

4606 Meridian Ave., Suite C-1

San Jose, CA 95124

FEIN

Side 2 Form 540 C1 2004 54004206051 CAIA3912L 02/16/05

TAXABLE YEAR

SCHEDULE

**2004 California Adjustments – Residents****CA (540)****Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

Social security number

RHIM AND FARZANEH KAZEMI

321-60-8972

**Part I Income Adjustment Schedule****Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	43,283.				
8 Taxable interest income	8					
9 Ordinary dividends. See instructions (b)	(a)					
10 Taxable refunds, credits, offsets of state and local income taxes	10					
11 Alimony received	11					
12 Business income or (loss) Depreciation (3885A)	12	-5,008.				945.
13 Capital gain or (loss). See instructions	13					
14 Other gains or (losses)	14					
15 Total IRA distributions. See instructions (a)	(b)					
16 Total pensions and annuities. See instructions (a)	(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc	17					
18 Farm income or (loss)	18					
19 Unemployment compensation. Enter the same amount in column A and column B.	19					
20 Social security benefits (a)	(b)					
21 Other income.			a	a		
a California lottery winnings			b	b		
b Disaster loss carryover from FTB 3805V			c	c		
c Federal NOL (Form 1040, line 21)			d	d		
d NOL carryover from FTB 3805V			e	e		
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21		f	f		
f Other (describe)						
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B.	22	38,275.				945.

**Section B – Adjustments to Income**

23 Educator expense	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24					
25 IRA deduction	25					
26 Student loan interest deduction	26					
27 Tuition and fees deduction	27					
28 Health savings account deduction	28					
29 Moving expenses	29					
30 One-half of self-employment tax	30					
31 Self-employed health insurance deduction	31					
32 Self-employed SEP, SIMPLE, and qualified plans	32					
33 Penalty on early withdrawal of savings	33					
34a Alimony paid.						
b Recipient's SSN						
Last name	34a					
35 Add line 23 through line 34a in columns A, B, and C.	35					
36 Total. Subtract line 35 from line 22 in columns A, B, and C. See instructions	36	38,275.				945.

RHIM KAZEMI

321-60-8972

**Part II Adjustments to Federal Itemized Deductions**

- 37 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27. .... 37 \_\_\_\_\_
- 38 Enter total of federal Schedule A (Form 1040), line 5 (state and local income tax **and** State Disability Insurance), or General Sales Tax and line 8 (foreign taxes **only**). See instructions ..... 38 \_\_\_\_\_
- 39 Subtract line 38 from line 37. .... 39 \_\_\_\_\_
- 40 Other adjustments including California lottery losses. See instructions. Specify. . . . . 40 \_\_\_\_\_
- 41 Combine line 39 and line 40. .... 41 \_\_\_\_\_
- 42 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**  
 Single or married filing separately — **\$139,921** Head of household — **\$209,885** Married filing jointly or qualifying widow(er) — **\$279,846**  
**No.** Transfer the amount on line 41 to line 42.  
**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 42. . . . 42
- 43 **Enter the larger of the amount on line 42 or your standard deduction listed below**  
 Single or married filing separately — **\$3,165** Married filing jointly, head of household, or qualifying widow(er) — **\$6,330**  
**Transfer the amount on line 43 to Form 540, line 18.** . . . . . 43



Return Mail Operations  
PO Box 14411  
Des Moines, IA 50306-3411

## Monthly Mortgage Statement

Statement Date 08/17/07  
Loan Number 0143850741

### Customer Service

Online  
wellsfargo.com

Telephone  
(866) 234-8271

TTY Deaf/Hard of Hearing  
(800) 934-9998

Fax  
(866) 278-1179

Payments PO Box 30427  
Los Angeles CA 90030

Correspondence PO Box 10335  
Des Moines IA 50306

Purchase or Refinance (800) 443-3429

### Important Messages

The late charge recently assessed to your account was waived as noted in the activity section of your statement.

### TUITION EXPENSES LOOMING ON YOUR HORIZON?

Whether you've saved for upcoming education expenses for years or have just begun, a Wells Fargo home equity line of credit can help make it manageable. Call 866-872-2589 and speak with a Home Equity specialist today!

### TIME FOR A CHECKUP?

Have you reviewed your homeowners insurance lately? Reassessing the value of your home and your insurance policy can help you avoid the possibility of insufficient coverage. Safeguard your most valuable asset. Let us know if we can help.

008211 1 AB 0.341 0211008211 ALMCGS 041 02 ALMCGS 708  
RAHIM KAZEMI  
FARZANEH AMINI  
3355 BRITTAN AVE APT 4  
SAN CARLOS CA 94070-3430

### Summary

Payment (Principal and/or interest)	\$1,980.00
Optional Product(s)	\$0.00
<b>Current Monthly Payment</b>	<b>\$1,980.00</b>
Overdue Payments	\$0.00
Unpaid Late Charge(s)	\$0.00
Other Charges	\$0.00
<b>TOTAL PAYMENT DUE 09/01/07</b>	<b>\$1,980.00</b>

### Property Address

3355 BRITTAN AVENUE  
SAN CARLOS CA 94070

Unpaid Principal Balance \$431,999.00  
(Contact Customer Service for your payoff balance)

Interest Rate 5.500%  
Interest Paid Year-to-Date \$15,840.00

### Activity Since Your Last Statement

Date	Description	Total	Principal	Interest	Escrow	Late Charge	Other
08/17	PAYMENT	\$1,980.00		\$1,980.00			
08/17	LATE CHARGE ADJ					\$99.00	
08/18	LATE FEE					\$99.00	

Late charges are assessed after the close of business on the assessment date and only after all payments received have been applied.

Received Time Oct. 19. 2007 1:21PM No. 1493

008211/000631 ALMCGS 0211 ETM1C003 17



**Countrywide** | HOME LOANS  
**Mortgage Refinance Loans:**

- Call for a No Closing Cost Refi\*\*
- Combine 1<sup>st</sup> Mortgage and Debt with a Combo Loan
- Free No Obligation Home Loan Consultation



Call **1-888-304-3461** or **CLICK**

WELLS FARGO HOME MORTGAGE

Return Mail Opens  
PO Box 14411  
Des Moines, IA 50306-3411

## Monthly Mortgage Statement

Statement Date 10/16/07  
Loan Number 0143650741

## Customer Service

Online  
wellsfargo.com

Telephone (866) 234-8271 TTY Deaf/Hard of Hearing (800) 934-9998

Fax  
(866) 278-1179Payments PO Box 30427  
Los Angeles CA 90030 Correspondence PO Box 10335  
Des Moines IA 50306

Purchase or Refinance (800) 443-3429



005562 1 AT 0.334 5562005562/011123 024 01 ALMDW0 708

RAHIM KAZEMI  
FARZANEH AMINI  
3355 BRITTAN AVE APT 4  
SAN CARLOS CA 94070-3430

## Summary

Payment (Principal and/or Interest)	\$1,980.00
Optional Product(s)	\$0.00
<b>Current Monthly Payment</b>	<b>\$1,980.00</b>
Overdue Payments	\$0.00
Unpaid Late Charge(s)	\$0.00
Other Charges	\$0.00
<b>TOTAL PAYMENT DUE 11/01/07</b>	<b>\$1,980.00</b>

## Property Address

3355 BRITTAN AVENUE  
SAN CARLOS CA 94070Unpaid Principal Balance \$431,999.00  
(Contact Customer Service for your payoff balance)Interest Rate 5.500%  
Interest Paid Year-to-Date \$16,800.00

## Activity Since Your Last Statement

Date	Description	Total	Principal	Interest	Escrow	Late Charge	Other
10/16	PAYMENT	\$1,980.00		\$1,980.00			

## Important Messages

## DOING HOME IMPROVEMENTS? YOU'RE NOT ON YOUR OWN

Wells Fargo is here to help you with financing, plus discounts from top home improvement retailers, guidance from experienced tradesman, and access to a local network of contractors. Call 866-872-2589 to learn more and get started today!

## ENTER THE CENTER STAGE MUSIC VIDEO CONTEST TODAY!

Create a music video using the "Wells Fargo Wagon" song from The Music Man and you could be on National TV during the Tournament Of Roses Parade. You must submit your video by 11/26/2007. Only offered to U.S. Residents, 18 years of age or older. Void where prohibited or restricted. For contest rules, including the criteria used to evaluate submitted videos, and to submit a video, click [wellsfargo.com/CenterStage](http://wellsfargo.com/CenterStage).

005562/011123 ALMDW0 5562 ETM1CDD1 12

Please detach and return with your payment

Loan Number	0143650741
Current Monthly Payment Due	\$1,980.00
Total Payment Due 11/01/07	\$1,980.00
After 11/16/07 Add Late Fee	\$99.00
<b>Total Amount Due After 11/16/07</b>	<b>\$2,078.00</b>

Monthly Payment A \$

x pmt amt

Late B \$  
ChargesAdditional C \$  
PrincipalAdditional D \$  
EscrowOther E \$  
ChargesTotal Amount Enclosed F \$  
(Please do not send cash)

WELLS FARGO HOME MORTGAGE

Check here and see  
reverse for address  
correction.RAHIM KAZEMI  
FARZANEH AMINI  
5562005562/011123 024 01 ALMDW0 708WELLS FARGO HOME MORTGAGE  
PO BOX 30427  
LOS ANGELES CA 90030-0427

Washington Mutual

YO WAMU FREE CHECKING STATEMENT

P.O. BOX 1098  
NORTHRIDGE, CA 91328-1098

FARZANEH AMINI  
RAHIM KAZEMI  
260 VICENTE ST  
SAN FRANCISCO CA 94127-1331

169153

**This Statement Covers**

From: 07/06/07  
Through: 08/03/07

**Need assistance?**

To reach us anytime,  
call 1-800-788-7000  
or visit us at [wamu.com](http://wamu.com)

WaMu® Debit MasterCard® - It's fast, easy and convenient to use! Experience the freedom of a faster checkout without the use of checks or cash and easily track your debit card purchases. Eliminate another stop - get cash back at participating retailers when completing debit card purchases (subject to funds availability and transaction limits.)

**Your WaMu Free Checking Detail Information**

FARZANEH AMINI  
RAHIM KAZEMI

Account Number: 313-175906-7  
Washington Mutual Bank, FA

For a fast, easy way to pay your bills, activate online bill pay today. You choose who, when and how much you pay. Most payments arrive in 2 business days and all are backed by our on-time guarantee. Log on to [wamu.com/bills](http://wamu.com/bills) and click pay bills and loans to learn more about our on-time guarantee and get started paying bills online today.

**Your Account at a Glance**

<b>Beginning Balance</b>	<b>\$2,337.43</b>
Checks Paid	-\$3,834.42
Other Withdrawals	-\$160.00
Deposits	+\$4,775.29
<b>Ending Balance</b>	<b>\$3,118.30</b>

Next Anniversary Date	5/30/08
Available OD/NSF Fee Waivers	1
<b>WaMu Debit Rewards</b>	
This statement period	\$0.00
Total since anniversary date	\$0.00

Date	Description	Withdrawals (-)	Deposits (+)
07/11	Customer Deposit		\$2,513.00
07/30	Transfer Deposit		\$2,262.29
07/30	Customer Withdrawal	\$160.00	

**Checks Paid**

\*Indicates check out of sequence

Check Number	Date	Amount Paid	Check Number	Date	Amount Paid
94	07/16	\$1,980.00	1007	07/17	\$50.00
1005*	07/23	\$1,060.00	1008	07/26	\$323.00
1006	07/16	\$421.42			





**Receipt**

Printed: 15-Apr-04 11:09 AM

User: lisa

Amini, Farzaneh  
 260 Vicente St.  
 San Francisco, CA 94127  
 Home#: (415) 665-5998

Receipt #: 80515  
 User: Lisa  
 Issued: Thu 15 Apr 04 11:09 AM

Description	Amount
Previous Balance	\$500.00
Applied To: 3525 - Wedding	\$500.00
Payment: Visa Card	(\$500.00)
Balance	\$0.00

wedding site

204203521992  
 HILL VALLEY PARKS & REC  
 180 CAMINO ALTO  
 HILL VALLEY, CA 94941  
 4153831370

**Phone Order**

ID: 00001T1G 09:48:24  
 04/15/04  
 Batch #: 000063 AVS Code: Y

VISA

XXXXXXXXXXXX0376H

CVV2 Code: H

Appr Code: 015523

Total:

Inv#: 00000  
 \$ 500.00

04/19/04

Iranian DJ Services (www.iraniandj.com)

This AGREEMENT was made on 4/19/2004 between Bahman Asgarzadeh-Aval and Ms. Farzane Amini

1. **Services To Be Performed.** Bahman A-Aval agrees to provide for Ms.Amini : DJ services and performance.
  2. **Time For Performance.** Bahman A-Aval agrees to complete the performance of these services on May 22<sup>nd</sup> 2004  
From 7.00 PM to 1.00PM, In The City of Mill Vallye, CA
  3. **Payment.** In consideration of Mr. Aval's performance of this service, Ms. **Amini** agrees to pay Mr. Aval as follows:
    - a. \$100.00 by April 30<sup>th</sup>
    - b.\$600.00 on July 22<sup>th</sup> 2004
    - c. There will be a \$30 fee for all bounced checks, as well as all the collecting fees.
  4. **INDEPENDENT CONTRACTOR.** The parties intend Bahman A-Aval to be an independent contractor in the performance of these services. Mr. Aval shall have the right to control and determine the method and means of performing the above services; Client shall not have the right to control or determine such method or means. The client accepts full responsibility for all the damages caused to the equipments by her guests both invited and not invited, and shall pay for the repair or replacement of the said equipments, at the discretion of Mr. Bahman A-Aval
  5. **Equipment and Supplies.** Bahman A-Aval will provide all necessary equipments, and supplies necessary to perform the above services.
- This agreement shall be binding upon the parties, their successors and personal representatives. This agreement shall be enforced under the laws of the state of California.  
This contract shall be signed by the Client and returned to Mr. Aval before April 30<sup>th</sup> 2004  
This is the entire agreement.

Mr. Bahman A-Aval

Ms. Farzane Amini (the Client)

wedding DJ

EXHIBIT 2

October 17, 2007

To Whom It May Concern:

I am writing this letter on behalf of my aunt, Farzaneh Amini. I would like to let you know about the tremendous effect and the positive influence that she has had on my life. I am who I am today because of her and everything that she has done for me. I am 28 years old and am completing my Ph.D. at the University of California, Berkeley. I was selected the number one student in my class as an undergraduate, and to be perfectly honest with you I would not have been able to do any of it without Farzaneh.

She is a truly amazing person. She is always helping everyone around her, and she has done more for me, my well being, and the quality of my life and my future than I could ever explain in a letter. This is why it breaks my heart to see her be so sad about not being able to see her mother, to be with her in her last days. It breaks my heart to see her suffer when she can't go and be with her sister through some of the difficulties she has endured in the last couple of years. She does so much for everyone, and it seems to me that it is her basic human right to visit her family abroad. She has dedicated her life to educating herself in order to help people in need, and it seems really unjust that she should have to wait such a long time, that she should endure so much grief and distress, over a process that should have taken a fraction of the time that it has. She has really paid unjust consequences over this delay.

I hope that you will take the necessary steps to process her case and to put an end to the injustice that has been caused.

Thank you for taking my view into consideration.

Sincerely,

*Azadeh Yamini-Hamedani*

Azadeh Yamini-Hamedani





October 14, 2007

To Whom It May Concern:

My name is Lida Kompanian and I have been a social worker at Pleasant View Convalescent Hospital for a number of years. As a social worker I attend to concrete patient needs, doctoral referrals, psycho-social assessments, conservatorship renewals, Medical-Medicare renewal, and other social services activities.

I know Dr. Amini through the psychotherapy services she provides at Pleasant View Convalescent Hospital to patients suffering from multiple scleroses, Parkinson, Alzheimer, depression, bipolar disorder, schizophrenia, and other ailments. Dr. Amini's work forms a very significant aspect of our patient's psychological well-being, which inadvertently affects their physical well-being. The therapy she provides is specific so that for example with patients who suffer from Alzheimer she concentrates on exercises which stimulate memory. Dr. Amini is outstanding in her work, which one can easily observe in her patients.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Lida Kompanian', with a long horizontal flourish extending to the right.

Lida Kompanian

Pleasant View  
Convalescent  
Hospital

22590  
Voss Avenue  
Cupertino  
CA  
95014

408.253.9034  
voice  
408.255.9148  
Fax



October 15, 2007

To Whom It May Concern:

As the director of Multilingual Counseling, Inc. and a psychotherapist, I know Dr. Amini through her invaluable work at our organization, which offers psychotherapy in a variety of languages- including Spanish, Italian, English, and Farsi. Dr. Amini provides Afghan refugees, mostly suffering from post-traumatic stress disorder and depression, with psychotherapy in their native tongue. It is not only her academic background and her professional experience, but also her language ability and her insight into Afghan culture, that make her work especially significant and valuable to the community she serves. Dr. Amini helps her clients work through and process an often painful past, while dealing with issues around adapting and integrating into a new culture. In addition to her outstanding work as a psychotherapist, she also presents interns at our institution with training and mentorship. Her work is a very important and significant part of our facilities distinction and achievement.

Thank you for your time and consideration.

Sincerely,

*Roya Sakhai, PhD. MA*

Roya Sakhai

PAUL WATSKY, Ph.D.  
LICENSED PSYCHOLOGIST

1966 GREEN STREET  
SAN FRANCISCO, CALIFORNIA 94123

(415) 346-0253

November 30, 2001

To The United States Immigration Service Center:

I am writing in support of Dr. Farzaneh Amini's application for permanent residency in the United States.

I am a clinical psychologist with twenty years of full-time post licensure experience, a diplomate of the American Board of Professional Psychology, a certified Jungian analyst, and past-president of the San Francisco Psychological Association. I have published articles in my areas of expertise, have taught extensively, and have supervised trainees.

I supervised Dr. Amini's work as a psychotherapist for one year, July 1999 to September 2000, when she was an intern at the James Goodrich Whitney Clinic of the C. G. Jung Institute of San Francisco, and was impressed by her clinical skills, intelligence, dedication, and professional ethics.

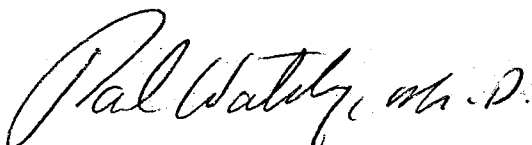
As an emigre Iranian woman who suffered as a consequence of the eight-years-long war between Iran and Iraq, Dr. Amini personally experienced trauma. Such a background, in concert with her studies of post-traumatic stress disorder, depression, and dissociation, render her exceptionally well qualified to communicate with Muslim-Americans, Afghan-Americans, and others of middle-eastern heritage undergoing psychological stress, especially the anxieties attendant on cultural displacement and its accompanying sense of confusion and vulnerability.

We need therapists like Dr. Amini to work with this underserved group, including those traumatized by the September 11th tragedy, and individuals fearing the loss of loved ones abroad.

Many of these problems are unlikely to be resolved in the foreseeable future, and Dr. Amini's continued presence in this country will enhance our resilience as a society.

Please feel free to contact me at the above address if you have any questions or need additional information.

Respectfully yours,



Paul Watsky, Ph.D.



November 30, 2001

Joseph Grebel, Ph.D.  
Training Director, Family Service Agency  
1010 Gough Street  
San Francisco, CA 94109  
(415)474-7310 x 459

To Whom It May Concern:

I, Joseph Grebel, have a private practice in San Francisco and am a California licensed psychologist. I am a long-standing member of the San Francisco Psychotherapy Research Group and work with both children and adults. In addition, I am a training supervisor at the Family Service Agency of San Francisco, Tender Lion Family Program. FSA/SF is the oldest and largest nonsectarian nonprofit agency in San Francisco – we respond to San Francisco's urgent human needs by delivering a comprehensive and innovative array of community-based services that help families develop self-sufficiency and stability. Each year, FSA/SF assists nearly 16,000 San Francisco residents in need – mainly low-income children, adolescents, teen parents, families, adults, seniors, individuals with HIV, and mentally ill abused individuals of any age. FSA/SF operates 42 programs in eleven languages from 44 sites throughout San Francisco. Many of these programs are the only services of their kind in the City.

Dr. Amini was hired in mid-July as a full-time therapist with the understanding that she would be a practical trainee for a year. Dr. Amini provides mental health services for low-income children, youth and families. She also does psychotherapy and case management for special education students at Rosa Parks Elementary School. She works with children from the ages of 5 through the teen years. Not only does she do family and individual therapy with the children, she also interacts with lawyers, foster parents and social workers. Her case-load includes children who suffer from autism, conduct disorder, attention deficit hyperactive disorder, manic depression and schizophrenia. These children come from families with extreme problems; many of them are drug-exposed children. Their mothers are often drug addicts and they live either with foster parents or with relatives. In this respect, they suffer deeply from neglect and abandonment, and reactive attachment disorder. It is crucial for these children to have a consistent figure in their lives; they often move from one foster family to another, and part of the therapeutic process involves a consistent someone who understands them and cares for them.

Dr. Amini's work is exceptional and outstanding. Just within a few months, the children whom she has worked with have displayed extraordinary progress. In accordance to their teacher's reports, those children in special education have not only been more attentive to their tasks, but their ability to follow directions has also increased. Perhaps more importantly, she has been able to get the families/foster parents more involved in the treatment process. This involvement increases the child's sense of uniqueness, making the child feel more loved and special.

What distinguishes Dr. Amini from others is her genuine care for the children, and their prognosis. She not only uses her theoretical knowledge, her multi-cultural background, and her



expertise in trauma and treatment for post-traumatic stress disorder, but also her playfulness and her humility to treat her clients. The almeagation of her professional excellence and her personal qualities offer her an outstanding course of treatment. Her knowledge does not exist at an abstract realm of mind, it is implemented in the way she connects to others.

In the years I have worked in the field, I have rarely seen a clinician that has connected to the children as well as Dr. Amini has. It has been a joy to see the children grow so involved with Dr. Amini; it has been crucial to their treatment and to their development. Dr. Amini has had a genuinely positive impact on their lives. In this respect, it is necessary to have her as a part of our staff; the consistency of our client's progress depend on the continuation of her employment with us.

In this light, I strongly support Dr. Amini's application for permanent residency in the United States. It will be an honor to have her permanently as part of our staff.

Sincerely,

A handwritten signature in black ink, which appears to read "Joseph Grebel", is written over a horizontal line.

Joseph Grebel, Ph.D.





THE C.G. JUNG INSTITUTE OF SAN FRANCISCO  
James Goodrich Whitney Clinic

February 13, 2001

Mark Sexton, Ph.D.  
Coordinator of Training  
Psychosocial Medicine Outpatient Clinic/Ward 82  
San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

Dear Dr. Sexton:

It is a pleasure to offer this letter of recommendation for Farzaneh Amini. She has been an especially fine half-time predoctoral psychology intern with us since September 15, 1999, and is scheduled to complete her training here on August 15, 2001.

Farzaneh has been seeing an average of ten adult outpatient clients per week. Her psychotherapeutic skills have become highly developed through her previous training, independent study and attention to her own inner development; however, basically, she is a "natural therapist." Her personal warmth, sensitivity, empathic responsiveness and love of therapeutic work results in rapid therapeutic alliances and a bonding for the work. Almost never do her clients request reassignment to another therapist (as sometimes has been the case with other interns).

It is most interesting to observe how these personal qualities do not lead her into an excessively "mothering" therapeutic style. While she is capable of strong therapeutic "holding" when indicated, she is at the same time able to keep appropriate boundaries. Further, she has an exceptional ability to confront patients when this is in the service of more effective psychotherapy. For example, there have been times when she has ended up telling certain patients that they simply are not doing the work required for change. Her gift is the ability to do this in a caring, not personally critical kind of way. It is as if her strong relatedness forms the supporting base for confrontational interventions.

Not only does Farzaneh provide such high quality of psychotherapeutic work but also she is highly productive. Her caseload is always full (and sometimes more than full). She works hard and in a dedicated, deeply committed way. While we are a non-profit educational institution containing a clinic with a sliding fee scale, we do depend upon fees as well as public support and Farzaneh does an excellent job of setting and collecting fees. Thus, in different ways Farzaneh has been one of the most productive interns that we have had during the 28 years that we have had an internship program.

Farzaneh's multilingual background, previous travels and familiarity with many other cultures adds yet another dimension to her work. She would provide excellent service in a cross cultural setting or to ethnic minority clients even if these were from cultures different from her own.

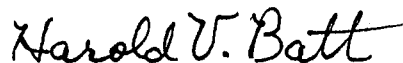
Farzaneh has also been doing about one new intake per week. Since her own caseload is usually filled, these often end up on our waiting list where her insightful, accurate, and well written reports are of great value in planning for these prospective patients.

Farzaneh participates very well in case conferences and didactic training sessions. She is always willing to present her own material and also to listen attentively to material presented by other interns. Her comments frequently are highly perceptive, often going to the most central dynamic involved. Since these comments are always offered in a related, non-competitive way, they usually are of much value to the intern presenting the case.

Farzaneh fits very well into not only our Clinic but into the rest of our Institute as well. She is highly reliable in taking care of all necessary practical details and is well liked by other interns, clinical staff and other staff. She represents us well to the public as well as providing outstanding patient care.

I have no hesitation in recommending her highly and without reservation. I think you would find her an excellent addition on both a professional and personal basis.

Sincerely yours,

A handwritten signature in black ink that reads "Harold V. Batt". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Harold V. Batt, Ph.D. *fe*  
Clinic Director

Diplomate in Clinical Psychology, ABPP